

WG R
The Honorable Peter J. Roskam
☐ 507 Cannon House Office Building Washington, D.C. 20515 202-225-4561 202-225-1166 fax
150 S. Bloomingdale Road, Suite 200 _{4-27-07A08:08 RCVD} Bloomingdale, IL 60108 630-893-9670 630-893-9735 fax
To: Cast (b) (6) Fax:
Date: 4-25-07 Phone: 630-893-9670
From:
(b) (6)
Number of Pages (including cover sheet):
COMMENTS:

WABHINGTON, DC 20515 (202) 225-4561

(202) 225-1186 FAX

150 S. BLOOMINGDALE ROAD SUITE 200

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www.roskam.house.gov

PETER J. ROSKAM

OMMITTEE ON FINANCIAL SERVICES

BUBCOMMITTEES:

VPITAL MARKETS, INSURANCE, AND GOVERNMENT-SPONSORED ENTERPRISES

DOMESTIC AND INTERNATIONAL MONETARY POLICY, TRADE AND TECHNOLOGY

OVERSIGHT AND INVESTIGATIONS



Congress of the United States

House of Representatives Washington. OC 20515—1306

April 25,2007

Capt Director, House Liaison Office
Department of the Navy
B-324 Rayburn House Office Building
Washington, DC 20515-0001

Dear Capt. (b) (6)

My constituent, (b) (6) has requested my office to make an inquiry regarding the status of his case. He is looking for payment of Back pay.

I would greatly appreciate any information you are able to provide. If you have any further questions or need clarification please contact my staff member, Miss. (b) (6) (6), at 630-893-9670. Thank you for your time and attention.

Very truly yours,

Peter J. Roskam Member of Congress

PJR/mm

NAUY) SOCIAL SECURT

(List the Federal Agency Here)

Privacy Release Form

I understand under the Privacy Act of 1974. Federal Agencies are prohibited fmm releasing any information regarding an individual without that individual's written consent. Therefore, I hereby give you or your staff permission to make inquiries into my records kept by the:

(Your signature on this document is require for assistance)

CIEULANI)

DAAG

Congressman Peter Roskam, 6th Congressional District, IL

Name Stree City Hom Date Veterans Claim Number (if applies)_ Military Identification Number (if applies)___ Tax yrs. Or periods IRS Type of Tax_ Other numbers identifying my case Types of benefits I am seeking BACK Date and Place claim war filed Please write a brief description of the problem with which you are requesting assistance (attach copies of addition documentation); N FEB 2006 I CHAMPED FILACAL ACCOUNTING Δυΰ HAVE JEG SOED office Signature Date return to: **Congressman Peter Roskam**

150 South Bloomingdale Road, Suite 200
Bloomingdale, IL 60108

34/25/2007 14:30 6308939735 CONGRESSMAN ROSKAM PAGE 04/10

FAX COVER SHEET

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Send to: Defense Finance and Accounting Service Retired and Annuity Pay	From: (b) (6)
Attention: Tanya	Date; April 5,2007
Office Location:	Office Location:
Fax Number: 600-10-5557	Phone Number: 630-532-4089

- X Urgent
- X Reply ASAP

Total pages, including cover 2:

Comments:

(b) (6) This is the letter that they gave me. Please call me if this is not sufficient.
Thank You

04/25/2007 14:30 6308939735 CONGRESSMAN ROSKAM PAGE 05/10



DEPARTMENT OF VETERANS AFFAIRS

Chicago VA Regional Office 2122 West Taylor Street Chicago Illinois 60612



In Reply Refer To: 328/21PCT/SEMMc

CSS 333.66.1091

5 April 07

Dear SIR/MADAM:

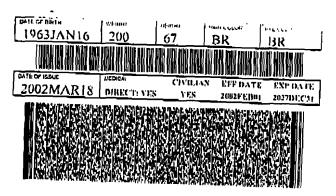
On this date, during a personal interview conducted at the VA Regional Office, Chicago. the veteran requested confirmation that the records of the Department of Veterans Affairs (VA) disclose that he, (b) (6) is currently in receipt of 50 percent service connected disability compensation. These benefits are non-taxable.

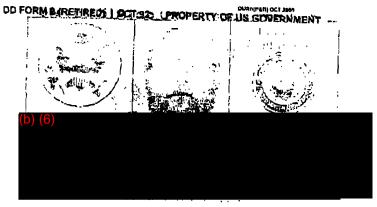
Sincerely yours,



Vcterans Service Center Manager

Email us at: http://iris.va.gov





Fax Cover Sheet



From: (b) (6)				
Date: March 1,2007				
Office Location:				
Phone Number: 630-532-4089				

- Please comment
- ☐ Please Review
- ☐ For your information

Total pages, including cover; 6

Comments:

In response to your letter of February 21,2007, copy attached.

: of 3)

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P.2

LKY7012526329

REC 2007024 164407 HA631280 AMIO CIPQYA4 PQA4 (F-AMI)

CIAL SECURITY ADMINISTRATION DCIAL SECURITY ADMINISTRATION

> Date: January 24, 2007 Claim Number: 333-66-1091A 333-66-1091DI

SEND CHECK TO

'ou asked us for information from your record. The information that you equested is shown below. If you want anyone else to have this information, you ay send them this letter.

late of Birth Information

The date of birth shown on our records is January 16, 1963.

ther Important Information

ACCORDING TO OUR RECORDS MR (b) (6) IS STILL ALIVE. WE HAVE NO RECORDS SHOWING THAT HE DECEASED. MR (b) (6) VISITED OUR OFFICE 01/24/2007

SC Status: Enclosed is a letter showing I am active.



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of 3)

LKY7012526329

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n 25 07 04:00p

(b) (6)

You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or.call your local Social Security office at (b) (6) (11 us at 1-800-772-1213, or.call your local Social Security office at (b) (6) (6) We can answer most questions over the phone. You can also write or visit any Social security office. The office that serves your area is located at:

> SOCIAL SECURITY 790 FLETCHER DRIVE ELGLN, **IL 60123**

If you do call or visit an office, please have this letter with you. It will help us answer your questions.





DEFENSE FINANCE AND ACCOUNTING SERVICE **Retired and Annuity Pay**

CONGRESSMAN ROSKAM

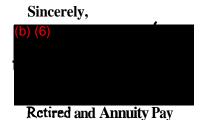
333661091 February 21,2007



Dear Petty Officer (b) (6):

We received your letter in regards to your SC status. I have put your account back into a pay status, so you will receive your pay on MARCH 1. However in order to receive your back pay, your letter from the Socual Security Administration must be on their letter head and stating that you had proper ID to prove who you are. Upon receipt of same your back pay will be issued. I am sorry for any incontinence this may cauac you.

Should you have any further questions, please contact us at Defense Finance and Accounting Service; US Military Retired Pay; P.O. Box 7130; London, KY 40742-7130; or call toll free 1-800-321-1080, commercial (216) 522-5955 (M-F from 7:00 a.m. to 7:30 p.m. ET). You may also send us a fax to, toll free 1-800-469-6559.



REPORT OF CONFIDENTIAL SOCIAL SECURITY ADMINISTRATION	SOCIAL SECURITY C	LAIM NUMBER	BIC
Information about a person's Social Security Benefits is confidential by law and regulations, the Social Security Administration does not revelone beneficiary involved, or his or her authorized representative.		certain circumstar to any person ex	•
Beneficiary's name and address (b) (6)	request for received. Bene Othe	erson or agency fr benefit informati eficiary er (Show name an	on was
The person or agency named in item (1) above has requested informat has been provided in the items checked (1) below, and is being sent to agency (other than yourself) to have this information, you may show or	you for your conve	nience. If you war	nation requested nt the requestin
2. The gross amount of your monthly Social Security benefit is		\$	
The amount deducted for Medicare is		\$	
The net amount of your Social Security check each month is		\$	
3. The above amount became effective		Month-Year	
Your monthly benefit From (month-year] : Through the first through	gh (month-year)	\$	
5. The monthly amount of your Supplemental Security Income payn	nent is	\$	
5. The ebove amount became effective		Month-Year	
7. The total monthly amount of your Social Security benefit and supplemental security income payment is		\$	
8. According to our records your date of birth is		Month-Daysyear	
We are unable, at this time, to tell you whether benefits may be your claim for disability benefits has not been completed. If it is receive untification of the event amount and effective data			
ACCORDING TO OUR RECORDS MR (b) (6) IS SOCIAL SECURITY OFFICE ON 01/24/2007. HE HAS STILL ALIVE.	NOT DECEASED. SHOWN ME VALII		
SS DISTRICT OFFICE ADDRESS 230 West Lake Street	(b) (6)		D OFFICIAL
Bloomingdale, IL 60108-1046			
	(630) 307-		ATE

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